

APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

I, _____, being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by _____ in accordance with Section 711.002 of the Health and Safety Code and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact).

All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

SPECIAL DIRECTIONS:

AGENT:

Name: _____
Address: _____
Phone: _____

Acceptance of Appointment: _____
Date of Signature: _____

SUCCESSORS:

If my agent dies, becomes legally disabled, resigns or refuses to act, I hereby appoint the following person to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

Name: _____
Address: _____
Telephone #: _____

This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE:

I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

ASSUMPTION:

THE AGENT AND SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, SECTION 711.002 OF THE HEALTH AND SAFETY CODE.

SIGNED this the ____ day of _____, 200__.

STATE OF TEXAS §
 §
COUNTY OF DALLAS §

This document was acknowledged before me on _____, 200__, by _____.

Notary Public, State of Texas
Commission Expires: _____